# **PHA Plans**

# Streamlined Annual Version

# U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0226 (exp. 06/30/2006)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

The 12, Code of Federal Regulations. Information in FFTA plants is publicly available.

# Streamlined Annual PHA Plan for Fiscal Year: 2007

**PHA Name: Luce County Housing** 

**Commission** 

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.

form **HUD-50075-SA** (4/30/2003)

# Streamlined Annual PHA Plan Agency Identification

| PHA Name: Luce County                                                                                                                                                          | Housing Co                                 | mmission PHA                              | PHA Number: MI132                              |                            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|------------------------------------------------|----------------------------|--|--|
| PHA Fiscal Year Beginnii                                                                                                                                                       | ng: 01/2007                                |                                           |                                                |                            |  |  |
| PHA Programs Administe  Public Housing and Section  Number of public housing units:  Number of S8 units:                                                                       | 8 \( \sum \) Sec                           |                                           | ablic Housing Only er of public housing units: |                            |  |  |
| □PHA Consortia: (check b                                                                                                                                                       | oox if submitti                            | ng a joint PHA Plan a                     | nd complete table)                             |                            |  |  |
| Participating PHAs                                                                                                                                                             | PHA<br>Code                                | Program(s) Included in<br>the Consortium  | Programs Not in the<br>Consortium              | # of Units Each<br>Program |  |  |
| Participating PHA 1:                                                                                                                                                           |                                            |                                           |                                                |                            |  |  |
| Participating PHA 2:                                                                                                                                                           |                                            |                                           |                                                |                            |  |  |
| Participating PHA 3:                                                                                                                                                           |                                            |                                           |                                                |                            |  |  |
| PHA Plan Contact Inform Name: Erin A. Teske TDD: 906 293-3449  Public Access to Informat Information regarding any act                                                         | ion                                        | Phone: 906 293-5988<br>Email: lchc@myvine | e.com                                          | g: (select all             |  |  |
| that apply) ⊠ PHA's main administrat                                                                                                                                           | ive office                                 | PHA's develo                              | opment management                              | offices                    |  |  |
| Display Locations For PH                                                                                                                                                       | A Plans and                                | d Supporting Docu                         | ments                                          |                            |  |  |
| The PHA Plan revised policies of review and inspection.  If yes, select all that apply:  Main administrative offi PHA development mana Main administrative offi Public library | Yes No.  No.  No.  No.  No.  No.  No.  No. | s<br>, county or State govern<br>website  | nment<br>Other (list below)                    |                            |  |  |
| PHA Plan Supporting Document  Main business office of Other (list below)                                                                                                       |                                            | =                                         | oment management of                            | fices                      |  |  |

## Streamlined Annual PHA Plan Fiscal Year 2007

[24 CFR Part 903.12(c)]

### **Table of Contents**

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

| A.          | PHA PLAN COMPONENTS                                                                                                                |      |
|-------------|------------------------------------------------------------------------------------------------------------------------------------|------|
|             |                                                                                                                                    | Page |
| 903.7(b)    | Site-Based Waiting List Policies     Policies on Eligibility, Selection, and Admissions     Capital Improvement Needs              |      |
| 903.7(g)    | Statement of Capital Improvements Needed                                                                                           |      |
|             | 3. Section 8(y) Homeownership                                                                                                      |      |
| 903.7(k)    | 0(1)(i) Statement of Homeownership Programs                                                                                        |      |
| H           | 4. Project-Based Voucher Programs                                                                                                  |      |
| Ш           | 5. PHA Statement of Consistency with Consolidated Plan                                                                             |      |
|             | Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan                              |      |
| $\boxtimes$ | 6. Supporting Documents Available for Review                                                                                       | 8    |
|             | 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor,<br>Annual Statement/Performance and Evaluation Report |      |
|             | 8. Capital Fund Program 5-Year Action Plan                                                                                         |      |

#### B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

**Form HUD-50076**, *PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan* identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

Form HUD-50070, Certification for a Drug-Free Workplace;

Form HUD-50071, Certification of Payments to Influence Federal Transactions; and

Form SF-LLL &SF-LLLa, Disclosure of Lobbying Activities.

#### 1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

#### A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

| Site-Based Waiting Lists                                   |                   |                                                                   |                                                                                   |                                                                                                                |  |  |  |  |
|------------------------------------------------------------|-------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Development<br>Information:<br>(Name, number,<br>location) | Date<br>Initiated | Initial mix of<br>Racial, Ethnic or<br>Disability<br>Demographics | Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL | Percent change<br>between initial<br>and current mix<br>of Racial,<br>Ethnic, or<br>Disability<br>demographics |  |  |  |  |
|                                                            |                   |                                                                   |                                                                                   |                                                                                                                |  |  |  |  |
|                                                            |                   |                                                                   |                                                                                   |                                                                                                                |  |  |  |  |

| 2. | What is the nuntime?                                                                                                                                                                                                                                                                                              | nber of site base | d waiting list developm | ents to which families m  | nay apply at one |  |  |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------|---------------------------|------------------|--|--|
| 3. | How many unit waiting list?                                                                                                                                                                                                                                                                                       | offers may an a   | pplicant turn down befo | ore being removed from    | the site-based   |  |  |
| 4. | 4. Yes No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below: |                   |                         |                           |                  |  |  |
| В. | Site-Based Wa                                                                                                                                                                                                                                                                                                     | iting Lists – Co  | oming Year              |                           |                  |  |  |
|    | PHA plans to op<br>ving questions; if                                                                                                                                                                                                                                                                             |                   | •                       | ts in the coming year, an | swer each of the |  |  |

fol

1. How many site-based waiting lists will the PHA operate in the coming year?

|    | •                              | -                        |                     |                      |
|----|--------------------------------|--------------------------|---------------------|----------------------|
| 2. | 2. Yes No: Are any or all of t |                          | C                   | 1 0 5                |
|    | (that is, they are             | not part of a previously | y-HUD-approved site | e based waiting list |
|    | plan)?                         |                          |                     |                      |
|    | If yes, how many               | lists?                   |                     |                      |
| 3. | 3. Yes No: May families be o   | on more than one list si | imultaneously       |                      |
|    | If yes, how many               | lists?                   |                     |                      |
|    |                                |                          |                     |                      |

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

PHA Name: Luce County Housing Commission

Streamlined Annual Plan for Fiscal Year 2007

PHA Name: Luce County Housing Commission

Streamlined Annual Plan for Fiscal Year 2007

## 4. Use of the Project-Based Voucher Program

| Intent to Use Project-Based Assistance                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.                                         |
| 1.  Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:                   |
| low utilization rate for vouchers due to lack of suitable rental units access to neighborhoods outside of high poverty areas other (describe below:)                                                                                 |
| 2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):                                                                                          |
| 5. PHA Statement of Consistency with the Consolidated Plan [24 CFR Part 903.15]                                                                                                                                                      |
| For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission. |
| 1. Consolidated Plan jurisdiction: Luce County                                                                                                                                                                                       |
| 2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)                                                                             |
| The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.                                                                                                         |
| The PHA has participated in any consultation process organized and offered by the Consolidated                                                                                                                                       |
| Plan agency in the development of the Consolidated Plan.  The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.                                                                           |
| Activities to be undertaken by the PHA in the coming year are consistent with the initiatives                                                                                                                                        |

Utilize, maintain and operate the Section 8 Housing Choice Voucher Program to its maximum potential by providing safe, sanitary housing throughout diverse neighborhoods of Luce County.

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

contained in the Consolidated Plan. (list below)

Other: (list below)

To promote and provide adequate and affordable housing, economic opportunity, and a suitable living environment free from discrimination, through rental assistance.

## 6. Supporting Documents Available for Review for Streamlined Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

| A12 1.1         | List of Supporting Documents Available for Review                                                                                                                      | Dalada I Dia C                          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Applicable & On | Supporting Document                                                                                                                                                    | Related Plan Component                  |
| Display         |                                                                                                                                                                        |                                         |
| Display         | PHA Certifications of Compliance with the PHA Plans and Related Regulations and                                                                                        | 5 Year and Annual Plans                 |
|                 | Board Resolution to Accompany the Standard Annual, Standard Five-Year, and                                                                                             | 5 Tour und Filmaur Flans                |
| X               | Streamlined Five-Year/Annual Plans;                                                                                                                                    |                                         |
|                 | ,                                                                                                                                                                      |                                         |
|                 | PHA Certifications of Compliance with the PHA Plans and Related Regulations and                                                                                        | Streamlined Annual Plans                |
| X               | Board Resolution to Accompany the Streamlined Annual Plan                                                                                                              |                                         |
|                 | Certification by State or Local Official of PHA Plan Consistency with Consolidated                                                                                     | 5 Year and standard Annual              |
| X               | Plan.                                                                                                                                                                  | Plans                                   |
|                 | Fair Housing Documentation Supporting Fair Housing Certifications: Records                                                                                             | 5 Year and Annual Plans                 |
|                 | reflecting that the PHA has examined its programs or proposed programs, identified                                                                                     |                                         |
| X               | any impediments to fair housing choice in those programs, addressed or is addressing                                                                                   |                                         |
| Λ               | those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' |                                         |
|                 | initiatives to affirmatively further fair housing that require the PHA's involvement.                                                                                  |                                         |
|                 | Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the                                                                                  | Annual Plan:                            |
|                 | PHA is located and any additional backup data to support statement of housing needs                                                                                    | Housing Needs                           |
| X               | for families on the PHA's public housing and Section 8 tenant-based waiting lists.                                                                                     | 8                                       |
|                 | Most recent board-approved operating budget for the public housing program                                                                                             | Annual Plan:                            |
| N/A             |                                                                                                                                                                        | Financial Resources                     |
|                 | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which                                                                                           | Annual Plan: Eligibility,               |
| N/A             | includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting                                                                                    | Selection, and Admissions               |
|                 | List Procedure.                                                                                                                                                        | Policies                                |
|                 | Deconcentration Income Analysis                                                                                                                                        | Annual Plan: Eligibility,               |
| N/A             |                                                                                                                                                                        | Selection, and Admissions               |
|                 | A 1' ' CD 1' OCC' 10 I T ( ' D 11'                                                                                                                                     | Policies                                |
| NT/A            | Any policy governing occupancy of Police Officers and Over-Income Tenants in Public                                                                                    | Annual Plan: Eligibility,               |
| N/A             | Housing. ☐ Check here if included in the public housing A&O Policy.                                                                                                    | Selection, and Admissions<br>Policies   |
|                 | Section 8 Administrative Plan                                                                                                                                          | Annual Plan: Eligibility,               |
| X               | Section o Administrative Fran                                                                                                                                          | Selection, and Admissions               |
| 11              |                                                                                                                                                                        | Policies                                |
|                 | Public housing rent determination policies, including the method for setting public                                                                                    | Annual Plan: Rent                       |
| N/A             | housing flat rents.                                                                                                                                                    | Determination                           |
|                 | ☐ Check here if included in the public housing A & O Policy.                                                                                                           |                                         |
|                 | Schedule of flat rents offered at each public housing development.                                                                                                     | Annual Plan: Rent                       |
| N/A             | ☐ Check here if included in the public housing A & O Policy.                                                                                                           | Determination                           |
|                 | Section 8 rent determination (payment standard) policies (if included in plan, not                                                                                     | Annual Plan: Rent                       |
| X               | necessary as a supporting document) and written analysis of Section 8 payment                                                                                          | Determination                           |
|                 | standard policies. Check here if included in Section 8 Administrative Plan.                                                                                            | A 1.D1 0 2                              |
| NT/A            | Public housing management and maintenance policy documents, including policies for                                                                                     | Annual Plan: Operations and Maintenance |
| N/A             | the prevention or eradication of pest infestation (including cockroach infestation).  Results of latest Public Housing Assessment System (PHAS) Assessment (or other   |                                         |
| N/A             | applicable assessment).                                                                                                                                                | Annual Plan: Management and Operations  |
| 11/17           | Follow-up Planto Results of the PHAS Resident Satisfaction Survey (if necessary)                                                                                       | Annual Plan: Operations ar              |
| N/A             | 1 ono in ap 1 miles results of the 1111 to resident battstaction but vey (if necessary)                                                                                | Maintenance and                         |
|                 |                                                                                                                                                                        | Community Service & Self                |
|                 |                                                                                                                                                                        | Sufficiency                             |
|                 | Results of latest Section 8 Management Assessment System (SEMAP)                                                                                                       | Annual Plan: Management                 |
| X               |                                                                                                                                                                        | and Operations                          |
|                 | Any policies governing any Section 8 special housing types                                                                                                             | Annual Plan: Operations                 |
| X               | Check here if included in Section 8 Administrative Plan                                                                                                                | and Maintenance                         |
|                 | Public housing grievance procedures                                                                                                                                    | Annual Plan: Grievance                  |
| X               | ☐ Check here if included in the public housing A & O Policy                                                                                                            | Procedures                              |
| X               | Section 8 informal review and hearing procedures.                                                                                                                      | Annual Plan: Grievance                  |
|                 |                                                                                                                                                                        |                                         |

| Applicable<br>& On | List of Supporting Documents Available for Review Supporting Document                                                                                                                                                                                                                   | Related Plan Component                                                                                  |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Display<br>X       | Check how 'finded it's feeting 0 A height costs. Disc                                                                                                                                                                                                                                   | Dan en James                                                                                            |
| <u> </u>           | ☐ Check here if included in Section 8 Administrative Plan.  The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and                                                                                                                                              | Procedures Annual Plan: Capital Needs                                                                   |
| N/A                | Evaluation Report for any active grant year.                                                                                                                                                                                                                                            | Annual Plan: Capital Needs                                                                              |
| IN/A               | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.                                                                                                                                                                                                         | Annual Plan: Capital Needs                                                                              |
| N/A                | Wost recent CIAF Budget/Flogress Report (HOD 32823) for any active CIAF grants.                                                                                                                                                                                                         | Allitual Flaii. Capital Needs                                                                           |
| 14/21              | Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI                                                                                                                                                                                                         | Annual Plan: Capital Needs                                                                              |
| N/A                | Revitalization Plans, or any other approved proposal for development of public housing.                                                                                                                                                                                                 | Timidai Tian. Capitai Ticcas                                                                            |
| N/A                | Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).                                                                                    | Annual Plan: Capital Needs                                                                              |
| N/A                | Approved or submitted applications for demolition and/or disposition of public housing.                                                                                                                                                                                                 | Annual Plan: Demolition and Disposition                                                                 |
| N/A                | Approved or submitted applications for designation of public housing (Designated Housing Plans).                                                                                                                                                                                        | Annual Plan: Designation of Public Housing                                                              |
| N/A                | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937. | Annual Plan: Conversion of<br>Public Housing                                                            |
| N/A                | Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.                                                                                                                                                                  | Annual Plan: Voluntary<br>Conversion of Public<br>Housing                                               |
| N/A                | Approved or submitted public housing homeownership programs/plans.                                                                                                                                                                                                                      | Annual Plan:<br>Homeownership                                                                           |
| N/A                | Policies governing any Section 8 Homeownership program (Sectionof the Section 8 Administrative Plan)                                                                                                                                                                                    | Annual Plan:<br>Homeownership                                                                           |
| N/A                | Public Housing Community Service Policy/Programs  Check here if included in Public Housing A & O Policy                                                                                                                                                                                 | Annual Plan: Community<br>Service & Self-Sufficiency                                                    |
| N/A                | Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.                                                                                                                                                       | Annual Plan: Community<br>Service & Self-Sufficiency                                                    |
| N/A                | FSS Action Plan(s) for public housing and/or Section 8.                                                                                                                                                                                                                                 | Annual Plan: Community<br>Service & Self-Sufficiency                                                    |
| N/A                | Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.                                                                                                                                                                                                      | Annual Plan: Community<br>Service & Self-Sufficiency                                                    |
| N/A                | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.                                                                                                                                                            | Annual Plan: Community<br>Service & Self-Sufficiency                                                    |
| N/A                | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G).  Check here if included in the public housing A & O Policy.                                                                                                | Annual Plan: Pet Policy                                                                                 |
| X                  | The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.                                                                                | Annual Plan: Annual Audit                                                                               |
| N/A                | Other supporting documents (optional) (list individually; use as many lines as necessary)                                                                                                                                                                                               | (specify as needed)                                                                                     |
| N/A                | Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.                                                          | Joint Annual PHA Plan for<br>Consortia: Agency<br>Identification and Annual<br>Management and Operation |

PHA Name: Luce County Housing Commission

HA Code: MI132

|                         | formance and Evaluation Report                            |                                                                                |                   |           |                      |
|-------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------|-------------------|-----------|----------------------|
| Capital Fund Program    | and Capital Fund Program Replacement Ho                   | ousing Factor (CFP/C                                                           | CFPRHF) Part I: S | Summary   |                      |
| PHA Name:               |                                                           | Grant Type and Number<br>Capital Fund Program Gran<br>Replacement Housing Fact | nt No:            | ·         | Federal FY of Grant: |
| Original Annual Stateme | nt Reserve for Disasters/ Emergencies Revised An          |                                                                                |                   |           |                      |
|                         |                                                           | ance and Evaluation Repo                                                       |                   |           |                      |
| Line No.                | Summary by Development Account                            |                                                                                | mated Cost        | Total Act | ual Cost             |
| Line ivo.               | Summary by Development Account                            | Original                                                                       | Revised           | Obligated | Expended             |
| 1                       | Total non-CFP Funds                                       | - 8 "                                                                          |                   |           | F                    |
| 2                       | 1406 Operations                                           |                                                                                |                   |           |                      |
| 3                       | 1408 Management Improvements                              |                                                                                |                   |           |                      |
| 4                       | 1410 Administration                                       |                                                                                |                   |           |                      |
| 5                       | 1411 Audit                                                |                                                                                |                   |           |                      |
| 6                       | 1415 Liquidated Damages                                   |                                                                                |                   |           |                      |
| 7                       | 1430 Fees and Costs                                       |                                                                                |                   |           |                      |
| 8                       | 1440 Site Acquisition                                     |                                                                                |                   |           |                      |
| 9                       | 1450 Site Improvement                                     |                                                                                |                   |           |                      |
| 10                      | 1460 Dwelling Structures                                  |                                                                                |                   |           |                      |
| 11                      | 1465.1 Dwelling Equipment—Nonexpendable                   |                                                                                |                   |           |                      |
| 12                      | 1470 Nondwelling Structures                               |                                                                                |                   |           |                      |
| 13                      | 1475 Nondwelling Equipment                                |                                                                                |                   |           |                      |
| 14                      | 1485 Demolition                                           |                                                                                |                   |           |                      |
| 15                      | 1490 Replacement Reserve                                  |                                                                                |                   |           |                      |
| 16                      | 1492 Moving to Work Demonstration                         |                                                                                |                   |           |                      |
| 17                      | 1495.1 Relocation Costs                                   |                                                                                |                   |           |                      |
| 18                      | 1499 Development Activities                               |                                                                                |                   |           |                      |
| 19                      | 1501 Collaterization or Debt Service                      |                                                                                |                   |           |                      |
| 20                      | 1502 Contingency                                          |                                                                                |                   |           |                      |
| 21                      | Amount of Annual Grant: (sum of lines 2 – 20)             |                                                                                |                   |           |                      |
| 22                      | Amount of line 21 Related to LBP Activities               |                                                                                |                   |           |                      |
| 23                      | Amount of line 21 Related to Section 504 compliance       |                                                                                |                   |           |                      |
| 24                      | Amount of line 21 Related to Security – Soft Costs        |                                                                                |                   |           |                      |
| 25                      | Amount of Line 21 Related to Security – Hard Costs        |                                                                                |                   |           |                      |
| 26                      | Amount of line 21 Related to Energy Conservation Measures |                                                                                |                   |           |                      |

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

| PHA Name:                                           |                                                 | Grant Type and<br>Capital Fund Pro<br>Replacement Ho | Number<br>ogram Grant No:<br>ousing Factor Gran | t No:                |         | Federal FY of Gran | t <b>:</b>        |                   |
|-----------------------------------------------------|-------------------------------------------------|------------------------------------------------------|-------------------------------------------------|----------------------|---------|--------------------|-------------------|-------------------|
| Development<br>Number<br>Name/HA-Wide<br>Activities | General Description of<br>Major Work Categories | Dev. Acct<br>No.                                     | Quantity                                        | Total Estimated Cost |         | Total Actual Cost  |                   | Status of<br>Work |
|                                                     |                                                 |                                                      |                                                 | Original             | Revised | Funds<br>Obligated | Funds<br>Expended |                   |
|                                                     |                                                 |                                                      |                                                 |                      |         |                    |                   |                   |
|                                                     |                                                 |                                                      |                                                 |                      |         |                    |                   |                   |
|                                                     |                                                 |                                                      |                                                 |                      |         |                    |                   |                   |
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|                                                     |                                                 |                                                      |                                                 |                      |         |                    |                   |                   |
|                                                     |                                                 |                                                      |                                                 |                      |         |                    |                   |                   |
|                                                     |                                                 |                                                      |                                                 |                      |         |                    |                   |                   |
|                                                     |                                                 |                                                      |                                                 |                      |         |                    |                   |                   |

| PHA Name:  Grant Type and Number  Capital Fund Program No:  Replacement Housing Factor No: |                               |                                                           |                                                                                   |                                                                                                                         |                                                                                                                                             | Federal FY of Grant:                                                                                                                        |  |
|--------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| All<br>(Qua                                                                                | Fund Obligat<br>rter Ending D | ed<br>ate)                                                | All Funds Expended<br>(Quarter Ending Date)                                       |                                                                                                                         |                                                                                                                                             | Reasons for Revised Target Dates                                                                                                            |  |
| Original                                                                                   | Revised                       | Actual                                                    | Original                                                                          | Revised                                                                                                                 | Actual                                                                                                                                      |                                                                                                                                             |  |
|                                                                                            |                               |                                                           |                                                                                   |                                                                                                                         |                                                                                                                                             |                                                                                                                                             |  |
|                                                                                            |                               |                                                           |                                                                                   |                                                                                                                         |                                                                                                                                             |                                                                                                                                             |  |
|                                                                                            |                               |                                                           |                                                                                   |                                                                                                                         |                                                                                                                                             |                                                                                                                                             |  |
|                                                                                            |                               |                                                           |                                                                                   |                                                                                                                         |                                                                                                                                             |                                                                                                                                             |  |
|                                                                                            |                               |                                                           |                                                                                   |                                                                                                                         |                                                                                                                                             |                                                                                                                                             |  |
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|                                                                                            |                               |                                                           |                                                                                   |                                                                                                                         |                                                                                                                                             |                                                                                                                                             |  |
|                                                                                            |                               |                                                           |                                                                                   |                                                                                                                         |                                                                                                                                             |                                                                                                                                             |  |
|                                                                                            |                               |                                                           |                                                                                   |                                                                                                                         |                                                                                                                                             |                                                                                                                                             |  |
|                                                                                            |                               |                                                           |                                                                                   |                                                                                                                         |                                                                                                                                             |                                                                                                                                             |  |
|                                                                                            |                               |                                                           |                                                                                   |                                                                                                                         |                                                                                                                                             |                                                                                                                                             |  |
|                                                                                            | (Qua                          | Capita<br>Replac<br>All Fund Obligat<br>(Quarter Ending D | Capital Fund Program Replacement Housing All Fund Obligated (Quarter Ending Date) | Capital Fund Program No: Replacement Housing Factor No:  All Fund Obligated (Quarter Ending Date) (Quarter Ending Date) | Capital Fund Program No: Replacement Housing Factor No:  All Fund Obligated (Quarter Ending Date)  All Funds Expended (Quarter Ending Date) | Capital Fund Program No: Replacement Housing Factor No:  All Fund Obligated (Quarter Ending Date)  All Funds Expended (Quarter Ending Date) |  |

| Capital Fund Pro                       | ogram Five-         | Year Action Plan             |                              |                                      |                              |
|----------------------------------------|---------------------|------------------------------|------------------------------|--------------------------------------|------------------------------|
| Part I: Summary                        | 7                   |                              |                              |                                      |                              |
| PHA Name                               |                     |                              |                              | ☐ Original 5-Year Plan☐ Revision No: |                              |
| Development<br>Number/Name/<br>HA-Wide | Year 1              | Work Statement<br>for Year 2 | Work Statement<br>for Year 3 | Work Statement<br>for Year 4         | Work Statement for<br>Year 5 |
|                                        |                     | FFY Grant:<br>PHA FY:        | FFY Grant:<br>PHA FY:        | FFY Grant:<br>PHA FY:                | FFY Grant:<br>PHA FY:        |
|                                        | Annual<br>Statement |                              |                              |                                      |                              |
|                                        |                     |                              |                              |                                      |                              |
|                                        |                     |                              |                              |                                      |                              |
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|                                        |                     |                              |                              |                                      |                              |
|                                        |                     |                              |                              |                                      |                              |
| CFP Funds Listed for 5-year planning   |                     |                              |                              |                                      |                              |
|                                        |                     |                              |                              |                                      |                              |
| Replacement<br>Housing Factor<br>Funds |                     |                              |                              |                                      |                              |

| Capital Fund Program Five-Year Action Plan |                       |            |                       |                      |            |                       |  |  |  |
|--------------------------------------------|-----------------------|------------|-----------------------|----------------------|------------|-----------------------|--|--|--|
| Part II: Supporting Pages—Work Activities  |                       |            |                       |                      |            |                       |  |  |  |
| Activities                                 | Activities for Year : |            |                       | Activities for Year: |            |                       |  |  |  |
| for                                        |                       | FFY Grant: |                       | FFY Grant:           |            |                       |  |  |  |
| Year 1                                     |                       | PHA FY:    |                       | PHA FY:              |            |                       |  |  |  |
|                                            | Development           | Major Work | <b>Estimated Cost</b> | Development          | Major Work | <b>Estimated Cost</b> |  |  |  |
|                                            | Name/Number           | Categories |                       | Name/Number          | Categories |                       |  |  |  |
| See                                        |                       |            |                       |                      |            |                       |  |  |  |
| Annual                                     |                       |            |                       |                      |            |                       |  |  |  |
| Statement                                  |                       |            |                       |                      |            |                       |  |  |  |
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|                                            |                       |            |                       |                      |            |                       |  |  |  |
|                                            |                       |            |                       |                      |            |                       |  |  |  |
| Total CFP Estimated Cost                   |                       |            | \$                    |                      |            | \$                    |  |  |  |

| Capital Fund Program Five-Year Action Plan |                       |                |                      |                      |                       |  |  |  |
|--------------------------------------------|-----------------------|----------------|----------------------|----------------------|-----------------------|--|--|--|
| Part II: Supporting                        |                       |                | A station for XV and |                      |                       |  |  |  |
|                                            | Activities for Year : |                |                      | Activities for Year: |                       |  |  |  |
|                                            | FFY Grant:            |                | FFY Grant:           |                      |                       |  |  |  |
| PHA FY:                                    |                       |                | PHA FY:              |                      |                       |  |  |  |
| Development                                | Major Work            | Estimated Cost | Development          | Major Work           | <b>Estimated Cost</b> |  |  |  |
| Name/Number                                | Categories            |                | Name/Number          | Categories           |                       |  |  |  |
|                                            |                       |                |                      |                      |                       |  |  |  |
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|                                            |                       |                |                      |                      |                       |  |  |  |
|                                            |                       |                |                      |                      |                       |  |  |  |
| Total CFP Estimated Cost                   |                       | \$             |                      |                      | \$                    |  |  |  |

| -       | G                                                                                                                               |
|---------|---------------------------------------------------------------------------------------------------------------------------------|
| I.⊠ Yes | No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2) |
|         | A. Name of resident member (s) on the governing board: Mary Lou Fossitt                                                         |
|         | B. How was the resident board member selected: (select one)  Elected Appointed                                                  |
|         | C. The term of appointment expires: 12/31/08                                                                                    |
|         | D. Name and title of appointing official for governing board: Terry Stark, Chairperson, Luce County Board of Commissioners      |

John Wendt, Chairperson, Luce County Housing Commission

Required Attachment D: Resident Member on the PHA Governing Board

#### Membership of the Resident Advisory Board

List members of the Resident Advisory Board: (if the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen).

All residents of the PHA have been notified that they are members of the RAB pursuant to the procedures as outlined in PIH Notice 2000-36.